

Exhibit A - Summary of Request

Calculation of Request						
FY 2014-15						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2014-15 Appropriation						
FY 2014-15 Long Bill Appropriation (HB 14-1336)	\$5,716,177,008	\$897,312,543	\$710,835,957	\$620,547,350	\$0	\$3,487,481,158
HB 14-1045 "Continuation of BCCP"	\$6,820,477	\$0	\$0	\$2,351,018	\$0	\$4,469,459
HB 14-1357 "In-home Support Services in Medicaid Program"	\$297,985	\$145,983	\$0	\$0	\$0	\$152,002
SB 14-130 "Increase Personal Care Allowance Nursing Facility"	\$1,057,300	\$517,971	\$0	\$0	\$0	\$539,329
FY 2014-15 Total Spending Authority	\$5,724,352,770	\$897,976,497	\$710,835,957	\$622,898,368	\$0	\$3,492,641,948
Total Projected FY 2014-15 Expenditure	\$5,805,484,351	\$992,997,993	\$710,835,957	\$556,327,440	\$0	\$3,545,322,961
FY 2014-15 Requested Change from Appropriation	\$81,131,581	\$95,021,496	\$0	(\$66,570,928)	\$0	\$52,681,013
Percent Change	1.42%	10.58%	0.00%	-10.69%	0.00%	1.51%
FY 2015-16 November Supplemental Request (R-1)	\$141,891,780	\$83,683,422	\$0	\$25,167,600	\$0	\$33,040,758
FY 2014-15 Current Supplemental Request (S-1 A)	(\$60,760,199)	\$11,338,074	\$0	(\$91,738,528)	\$0	\$19,640,255
Incremental Percent Growth Relative to Appropriation	-74.89%	11.93%	0.00%	137.81%	0.00%	37.28%
Calculation of Request						
FY 2015-16						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2014-15 Appropriation Plus Special Bills	\$5,724,352,770	\$897,976,497	\$710,835,957	\$622,898,368	\$0	\$3,492,641,948
Bill Annualizations						
Annualization of Long Bill FY 2014-15 (HB 14-1336)	\$46,124,729	\$44,843,934	\$0	\$7,038,782	\$0	(\$5,757,987)
HB 08-1373 Annualization "Breast and Cervical Cancer Fund"	(\$834,968)	(\$287,793)	\$0	\$0	\$0	(\$547,175)
HB 14-1045 Annualization "Continuation of BCCP"	(\$3,556,502)	\$0	\$0	(\$1,231,801)	\$0	(\$2,324,701)
HB 14-1357 Annualization "In-home Support Services in Medicaid Program"	\$893,956	\$437,949	\$0	\$0	\$0	\$456,007
SB 14-130 Annualization "Increase Personal Care Allowance Nursing Facility"	\$1,588,240	\$778,079	\$0	\$0	\$0	\$810,161
Total Annualizations	\$44,215,455	\$45,772,169	\$0	\$5,806,981	\$0	(\$7,363,695)
FY 2015-16 Total Spending Authority	\$5,768,568,225	\$943,748,666	\$710,835,957	\$628,705,349	\$0	\$3,485,278,253
Total Projected FY 2015-16 Expenditure	\$6,582,037,139	\$1,095,632,838	\$711,259,557	\$714,470,680	\$0	\$4,060,674,064
FY 2015-16 Requested Change from Appropriation	\$813,468,914	\$151,884,172	\$423,600	\$85,765,331	\$0	\$575,395,811
Percent Change	14.10%	16.09%	0.06%	13.64%	0.00%	16.51%
FY 2015-16 November Decision Item (R-1)	\$557,958,547	\$130,345,964	\$423,600	\$54,975,173	\$0	\$372,213,810
FY 2015-16 BA-17: "Decreased FMAP"	\$0	\$8,422,311	\$0	\$2,384,433	\$0	(\$10,806,744)
FY 2015-16 Current Budget Amendment (BA-1)	\$255,510,367	\$13,115,897	\$0	\$28,405,725	\$0	\$213,988,745
Incremental Percent Growth Relative to Appropriation	31.41%	8.64%	0.00%	33.12%	0.00%	37.19%
Calculation of Request						
FY 2016-17						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2015-16 Appropriation Plus Special Bills	\$5,768,568,225	\$943,748,666	\$710,835,957	\$628,705,349	\$0	\$3,485,278,253
Bill Annualizations						
Total Annualizations	\$0	\$0	\$0	\$0	\$0	\$0
FY 2016-17 Total Spending Authority	\$5,768,568,225	\$943,748,666	\$710,835,957	\$628,705,349	\$0	\$3,485,278,253
Total Projected FY 2016-17 Expenditures	\$6,843,633,837	\$1,161,198,301	\$711,259,557	\$793,920,077	\$0	\$4,177,255,902
FY 2016-17 Requested Change From Appropriation	\$1,075,065,612	\$217,449,635	\$423,600	\$165,214,728	\$0	\$691,977,649
Percent Change	18.64%	23.04%	0.06%	26.28%	0.00%	19.85%
FY 2016-17 November Estimate	\$860,510,995	\$193,031,577	\$423,600	\$106,552,254	\$0	\$560,503,564
Annualization of FY 2015-16 BA-17: "Decreased FMAP"	\$0	\$11,229,748	\$0	\$3,179,244	\$0	(\$14,408,992)
FY 2016-17 Current Budget Amendment (BA-1)	\$214,554,617	\$13,188,310	\$0	\$55,483,230	\$0	\$145,883,077
Incremental Percent Growth Relative to Appropriation	19.96%	6.06%	0.00%	33.58%	0.00%	21.08%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2014-15							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$2,152,656,260	\$1,059,967,942	\$0	\$0	\$1,092,688,318	50.76%	
Breast and Cervical Cancer Program	\$6,082,892	\$0	\$2,096,773	\$0	\$3,986,119	65.53%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$12,453,015	\$1,216,301	\$29,000	\$0	\$11,207,714	90.00%	CF: Local Funds
Indian Health Service	\$2,021,213	\$0	\$0	\$0	\$2,021,213	100.00%	
Affordable Care Act Drug Rebate Offset	(\$15,930,611)	\$0	\$0	\$0	(\$15,930,611)	0.00%	
Affordable Care Act Preventive Services	\$46,477,658	\$22,420,822	\$0	\$0	\$24,056,836	51.76%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$65,587,393	\$22,607,974	\$0	\$0	\$42,979,419	65.53%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$15,164,648	\$5,227,254	\$0	\$0	\$9,937,394	65.53%	
MAGI Parents/Caretakers to 133% FPL	\$158,360,046	\$0	\$0	\$0	\$158,360,046	100.00%	100% FFP January 1, 2014
MAGI Adults	\$974,522,488	\$0	\$0	\$0	\$974,522,488	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$31,319,695	\$0	\$16,384,258	\$0	\$14,935,437	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$23,452,024	\$0	\$2,886,944	\$0	\$20,565,080	87.69%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$22,519,785	\$0	\$11,088,742	\$0	\$11,431,043	50.76%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$53,813,138	\$0	\$26,474,024	\$0	\$27,339,114	Variable	CF: Adult Dental Fund
Physicians to 100% of Medicare: 100% Federal Funds Portion	\$39,365,571	\$0	\$0	\$0	\$39,365,571	100.00%	
Acute Care Services Sub-Total	\$3,587,865,215	\$1,111,440,293	\$58,959,741	\$0	\$2,417,465,181		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$474,795,743	\$233,789,424	\$0	\$0	\$241,006,319	50.76%	
Children with Autism Waiver Services	\$787,986	\$0	\$388,004	\$0	\$399,982	50.76%	CF: Colorado Autism Treatment Fund
MAGI Parents/Caretakers to 133% FPL	\$216,881	\$0	\$0	\$0	\$216,881	100.00%	100% FFP January 1, 2014
MAGI Adults	\$2,562,830	\$0	\$0	\$0	\$2,562,830	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$2,319,564	\$0	\$1,213,433	\$0	\$1,106,131	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$307,365	\$0	\$37,837	\$0	\$269,528	87.69%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.76%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Sub-Total	\$480,990,369	\$233,789,424	\$1,639,274	\$0	\$245,561,671		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$582,169,272	\$286,660,150	\$0	\$0	\$295,509,122	50.76%	
Nursing Facility Supplemental Payments Audit Findings	\$2,470,450	\$2,470,450	\$0	\$0	\$0	0.00%	GF Only: Supplemental Payments Audit
Class II Nursing Facilities	\$4,214,187	\$2,075,066	\$0	\$0	\$2,139,121	50.76%	
PACE	\$133,718,198	\$65,842,841	\$0	\$0	\$67,875,357	50.76%	
Supplemental Medicare Insurance Benefit (SMIB)	\$136,366,640	\$78,751,735	\$0	\$0	\$57,614,905	50.00%	Approximately 15.5% of Total is State-Only
Health Insurance Buy-In	\$1,515,184	\$746,077	\$0	\$0	\$769,107	50.76%	
MAGI Parents/Caretakers to 133% FPL	\$13,252	\$0	\$0	\$0	\$13,252	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,574,438	\$0	\$0	\$0	\$1,574,438	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$152,659	\$0	\$79,861	\$0	\$72,798	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$667,650	\$0	\$82,188	\$0	\$585,462	87.69%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.76%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$862,861,930	\$436,546,319	\$162,049	\$0	\$426,153,562		
Service Management							
Base Service Management	\$35,231,430	\$17,615,715	\$0	\$0	\$17,615,715	50.00%	
Accountable Care Collaborative	\$73,520,555	\$36,201,521	\$0	\$0	\$37,319,034	50.76%	
Tobacco Quit Line	\$1,300,812	\$0	\$640,520	\$0	\$660,292	50.76%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$5,722,016	\$1,972,379	\$0	\$0	\$3,749,637	65.53%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$130,823	\$45,095	\$0	\$0	\$85,728	65.53%	
MAGI Parents/Caretakers to 133% FPL	\$6,714,461	\$0	\$0	\$0	\$6,714,461	100.00%	100% FFP January 1, 2014
MAGI Adults	\$23,710,413	\$0	\$0	\$0	\$23,710,413	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$178,232	\$0	\$93,239	\$0	\$84,993	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$124,019	\$0	\$15,267	\$0	\$108,752	87.69%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$713,639	\$0	\$351,396	\$0	\$362,243	50.76%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$147,346,400	\$55,834,710	\$1,100,422	\$0	\$90,411,268		
FY 2014-15 Estimate of Total Expenditures for Medical Services to Clients	\$5,079,063,914	\$1,837,610,746	\$61,861,486	\$0	\$3,179,591,682		
Financing							
Upper Payment Limit Financing	\$3,984,164	(\$3,987,165)	\$3,984,164	\$0	\$3,987,165	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$19,720,637)	\$39,441,275	\$0	(\$19,720,638)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$6,209,403	\$0	\$3,104,701	\$0	\$3,104,702	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$584,796,102	\$0	\$287,968,220	\$0	\$296,827,882	50.76%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$92,730,698	\$0	\$45,660,596	\$0	\$47,070,102	50.76%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,700,070	(\$457,898)	\$4,578,984	\$0	\$4,578,984	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$0	\$0	\$0	\$0	\$0	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$64,568,688)	\$64,568,688	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$0	\$15,000,000	\$0	\$15,000,000	50.00%	CF: Intergovernmental Transfer
5% FPL Disregard Implementation	\$0	(\$10,387,804)	\$2,588,352	\$0	\$7,799,452	Variable	See Narrative; CF: Hospital Provider Fee Cash Fund
Expansion Non-Medicare/Medicaid Duals	\$0	(\$5,057,119)	\$0	\$0	\$5,057,119	100.00%	See Narrative
Continuous Eligibility - SB 13-200	\$0	\$460,320	\$0	\$0	(\$460,320)	50.00%	See Narrative
Non-Newly Eligible Resource Proxy	\$0	\$0	(\$2,486,831)	\$0	\$2,486,831	87.69%	See Narrative
Cash Funds Financing ⁽¹⁾	\$0	(\$30,057,805)	\$30,057,805	\$0	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$726,420,437	(\$133,776,796)	\$494,465,954	\$0	\$365,731,279		
Total Projected FY 2014-15 Expenditures⁽²⁾	\$5,805,484,351	\$1,703,833,950	\$556,327,440	\$0	\$3,545,322,961		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
(1) This line adjusts for transfers from cash funds to the General Fund as provided by for the bills listed on page EA-1.							
(2) Of the General Fund total, \$710,835,957 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2015-16							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$2,262,014,507	\$1,113,137,339	\$0	\$0	\$1,148,877,168	50.79%	
Breast and Cervical Cancer Program	\$2,875,677	\$0	\$990,671	\$0	\$1,885,006	65.55%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$13,179,026	\$1,288,903	\$29,000	\$0	\$11,861,123	90.00%	CF: Local Funds
Indian Health Service	\$2,164,921	\$0	\$0	\$0	\$2,164,921	100.00%	
Affordable Care Act Drug Rebate Offset	(\$18,736,045)	\$0	\$0	\$0	(\$18,736,045)	0.00%	
Affordable Care Act Preventive Services	\$50,414,316	\$24,304,742	\$0	\$0	\$26,109,574	51.79%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$77,652,002	\$13,356,144	\$0	\$0	\$64,295,858	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$16,704,836	\$8,014,980	\$0	\$0	\$8,689,856	52.02%	
MAGI Parents/Caretakers to 133% FPL	\$184,245,026	\$0	\$0	\$0	\$184,245,026	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,227,872,056	\$0	\$0	\$0	\$1,227,872,056	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$41,074,475	\$0	\$21,455,456	\$0	\$19,619,019	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$23,989,075	\$0	\$2,950,656	\$0	\$21,038,419	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$24,157,538	\$0	\$11,887,924	\$0	\$12,269,614	50.79%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$58,088,325	\$0	\$28,582,724	\$0	\$29,505,601	Variable	CF: Adult Dental Fund
Acute Care Services Sub-Total	\$3,965,695,735	\$1,160,102,108	\$65,896,431	\$0	\$2,739,697,196		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$515,455,313	\$253,655,560	\$0	\$0	\$261,799,753	50.79%	
Children with Autism Waiver Services	\$859,591	\$0	\$423,005	\$0	\$436,586	50.79%	CF: Colorado Autism Treatment Fund
MAGI Parents/Caretakers to 133% FPL	\$260,063	\$0	\$0	\$0	\$260,063	100.00%	100% FFP January 1, 2014
MAGI Adults	\$3,110,951	\$0	\$0	\$0	\$3,110,951	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$2,596,694	\$0	\$1,356,396	\$0	\$1,240,298	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$304,445	\$0	\$37,447	\$0	\$266,998	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.79%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Sub-Total	\$522,587,057	\$253,655,560	\$1,816,848	\$0	\$267,114,649		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$596,453,909	\$293,514,969	\$0	\$0	\$302,938,940	50.79%	
Class II Nursing Facilities	\$4,711,461	\$2,318,510	\$0	\$0	\$2,392,951	50.79%	
PACE	\$140,174,136	\$68,979,692	\$0	\$0	\$71,194,444	50.79%	
Supplemental Medicare Insurance Benefit (SMIB)	\$146,971,337	\$84,875,947	\$0	\$0	\$62,095,390	50.00%*	Approximately 15.5% of Total is State-Only
Health Insurance Buy-In	\$1,788,980	\$880,357	\$0	\$0	\$908,623	50.79%	
MAGI Parents/Caretakers to 133% FPL	\$13,520	\$0	\$0	\$0	\$13,520	100.00%	100% FFP January 1, 2014
MAGI Adults	\$1,661,361	\$0	\$0	\$0	\$1,661,361	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$155,743	\$0	\$81,353	\$0	\$74,390	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$626,034	\$0	\$77,002	\$0	\$549,032	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.79%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$892,556,481	\$450,569,475	\$158,355	\$0	\$441,828,651		
Service Management							
Base Service Management	\$33,689,442	\$16,844,721	\$0	\$0	\$16,844,721	50.00%	
Accountable Care Collaborative	\$98,957,682	\$48,697,075	\$0	\$0	\$50,260,607	50.79%	
SDAC contract for FY 2014-15 BA-12 "State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees"	\$100,000	\$25,000	\$0	\$0	\$75,000	75.00%	FF: Demonstration Grant Funding
Tobacco Quit Line	\$1,269,417	\$0	\$624,680	\$0	\$644,737	50.79%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,469,243	\$1,284,710	\$0	\$0	\$6,184,533	82.80%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$168,923	\$81,049	\$0	\$0	\$87,874	52.02%	
MAGI Parents/Caretakers to 133% FPL	\$9,505,765	\$0	\$0	\$0	\$9,505,765	100.00%	100% FFP January 1, 2014
MAGI Adults	\$31,719,045	\$0	\$0	\$0	\$31,719,045	100.00%	100% FFP January 1, 2014
Disabled Buy-In	\$231,695	\$0	\$121,027	\$0	\$110,668	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$115,511	\$0	\$14,208	\$0	\$101,303	87.70%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$765,583	\$0	\$376,743	\$0	\$388,840	50.79%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$183,992,306	\$66,932,555	\$1,136,658	\$0	\$115,923,093		
FY 2015-16 Estimate of Total Expenditures for Medical Services to Clients	\$5,564,831,579	\$1,931,259,698	\$69,008,292	\$0	\$3,564,563,589		
Financing							
Upper Payment Limit Financing	\$4,053,417	(\$4,102,676)	\$4,053,417	\$0	\$4,102,676	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$18,800,713)	\$45,511,288	\$0	(\$26,710,575)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$6,964,536	\$0	\$3,482,268	\$0	\$3,482,268	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$870,703,814	\$0	\$428,473,347	\$0	\$442,230,467	50.79%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$96,096,822	\$0	\$47,289,246	\$0	\$48,807,576	50.79%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	Variable	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$65,564,260)	\$65,564,260	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$0	\$15,000,000	\$0	\$15,000,000	50.00%	CF: Intergovernmental Transfer
Expansion Non-Medicare/Medicaid Duals	\$0	(\$4,272,163)	\$0	\$0	\$4,272,163	100.00%	See Narrative
Cash Funds Financing ⁽¹⁾	\$0	(\$31,162,663)	\$31,162,663	\$0	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$1,017,205,560	(\$124,367,303)	\$645,462,388	\$0	\$496,110,475		
Total Projected FY 2015-16 Expenditures⁽²⁾	\$6,582,037,139	\$1,806,892,395	\$714,470,680	\$0	\$4,060,674,064		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
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(2) Of the General Fund total, \$710,835,957 is General Fund Exempt.							

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Calculation of Fund Splits FY 2016-17							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$2,286,269,663	\$1,126,673,690	\$0	\$0	\$1,159,595,973	50.72%	
Breast and Cervical Cancer Program	\$1,151,726	\$0	\$397,345	\$0	\$754,381	65.50%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$13,947,363	\$1,365,736	\$29,000	\$0	\$12,552,627	90.00%	CF: Local Funds
Indian Health Service	\$2,318,847	\$0	\$0	\$0	\$2,318,847	100.00%	
Affordable Care Act Drug Rebate Offset	(\$22,035,526)	\$0	\$0	\$0	(\$22,035,526)	0.00%	
Affordable Care Act Preventive Services	\$54,684,409	\$26,401,633	\$0	\$0	\$28,282,776	51.72%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$83,485,834	\$9,600,871	\$0	\$0	\$73,884,963	88.50%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$17,681,197	\$8,713,294	\$0	\$0	\$8,967,903	50.72%	
MAGI Parents/Caretakers to 133% FPL	\$186,900,664	\$0	\$4,672,517	\$0	\$182,228,147	97.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,284,896,985	\$0	\$32,122,425	\$0	\$1,252,774,560	97.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$49,540,016	\$0	\$25,951,744	\$0	\$23,588,272	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$24,538,425	\$0	\$3,482,003	\$0	\$21,056,422	85.81%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$25,674,801	\$0	\$12,652,542	\$0	\$13,022,259	50.72%	CF: Hospital Provider Fee Fund
Adult Dental Benefit Financing	\$61,206,319	\$0	\$30,161,917	\$0	\$31,044,402	Variable	CF: Adult Dental Fund
Acute Care Services Sub-Total	\$4,070,260,723	\$1,172,755,224	\$109,469,493	\$0	\$2,788,036,006		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$564,281,894	\$278,078,117	\$0	\$0	\$286,203,777	50.72%	
Children with Autism Waiver Services	\$901,866	\$0	\$444,440	\$0	\$457,426	50.72%	CF: Colorado Autism Treatment Fund
MAGI Parents/Caretakers to 133% FPL	\$278,435	\$0	\$6,961	\$0	\$271,474	97.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$3,243,114	\$0	\$81,078	\$0	\$3,162,036	97.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$2,871,142	\$0	\$1,504,060	\$0	\$1,367,082	Variable	CF: Hospital Provider Fee and Disabled Buy-in Premiums
Non-Newly Eligibles	\$302,953	\$0	\$42,989	\$0	\$259,964	85.81%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.72%	CF: Hospital Provider Fee Fund
Community Based Long-Term Care Sub-Total	\$571,879,404	\$278,078,117	\$2,079,528	\$0	\$291,721,759		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$600,095,364	\$295,726,995	\$0	\$0	\$304,368,369	50.72%	
Class II Nursing Facilities	\$4,989,438	\$2,458,795	\$0	\$0	\$2,530,643	50.72%	
PACE	\$156,605,475	\$77,175,178	\$0	\$0	\$79,430,297	50.72%	
Supplemental Medicare Insurance Benefit (SMIB)	\$161,390,946	\$96,027,613	\$0	\$0	\$65,363,333	50.00%*	Approximately 19% of total is State-Only
Health Insurance Buy-In	\$2,246,459	\$1,107,055	\$0	\$0	\$1,139,404	50.72%	
MAGI Parents/Caretakers to 133% FPL	\$13,603	\$0	\$340	\$0	\$13,263	97.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$1,710,176	\$0	\$42,754	\$0	\$1,667,422	97.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$156,694	\$0	\$82,085	\$0	\$74,609	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$591,184	\$0	\$83,889	\$0	\$507,295	85.81%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$0	\$0	\$0	\$0	\$0	50.72%	CF: Hospital Provider Fee Fund
Long-Term Care and Insurance Sub-Total	\$927,799,339	\$472,495,636	\$209,068	\$0	\$455,094,635		
Service Management							
Base Service Management	\$35,361,492	\$17,680,746	\$0	\$0	\$17,680,746	50.00%	
Accountable Care Collaborative	\$109,738,642	\$54,079,203	\$0	\$0	\$55,659,439	50.72%	
Tobacco Quit Line	\$1,341,560	\$0	\$661,121	\$0	\$680,439	50.72%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,972,365	\$916,822	\$0	\$0	\$7,055,543	88.50%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$180,286	\$88,845	\$0	\$0	\$91,441	50.72%	
MAGI Parents/Caretakers to 133% FPL	\$11,235,919	\$0	\$280,898	\$0	\$10,955,021	97.50%	CF: Hospital Provider Fee Fund
MAGI Adults	\$36,840,612	\$0	\$921,015	\$0	\$35,919,597	97.50%	CF: Hospital Provider Fee Fund
Disabled Buy-In	\$255,326	\$0	\$133,754	\$0	\$121,572	Variable	CF: Hospital Provider Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$110,872	\$0	\$15,733	\$0	\$95,139	85.81%	CF: Hospital Provider Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$813,635	\$0	\$400,959	\$0	\$412,676	50.72%	CF: Hospital Provider Fee Fund
Service Management Sub-Total	\$203,850,709	\$72,765,616	\$2,413,480	\$0	\$128,671,613		
FY 2016-17 Estimate of Total Expenditures for Medical Services to Clients	\$5,773,790,175	\$1,996,094,593	\$114,171,569	\$0	\$3,663,524,013		
Financing							
Upper Payment Limit Financing	\$4,095,509	(\$4,249,631)	\$4,095,509	\$0	\$4,249,631	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$17,130,548)	\$52,515,475	\$0	(\$35,384,927)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$6,964,536	\$0	\$3,482,268	\$0	\$3,482,268	50.00%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$919,811,509	\$0	\$453,283,112	\$0	\$466,528,397	50.72%	CF: Hospital Provider Fee Cash Fund
Nursing Facility Supplemental Payments	\$99,585,137	\$0	\$49,075,556	\$0	\$50,509,581	50.72%	CF: Medicaid Nursing Facility Cash Fund
Physician Supplemental Payments	\$8,831,734	(\$464,828)	\$4,648,281	\$0	\$4,648,281	50.00%	CF: Certification of Public Expenditure
Memorial Hospital High Volume Payment	\$555,237	\$0	\$277,618	\$0	\$277,619	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$65,564,260)	\$65,564,260	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$30,000,000	\$0	\$15,000,000	\$0	\$15,000,000	50.00%	CF: Intergovernmental Transfer
Expansion Non-Medicare/Medicaid Duals	\$0	(\$4,421,039)	\$0	\$0	\$4,421,039	100.00%	See Narrative
Cash Funds Financing ⁽¹⁾	\$0	(\$31,806,429)	\$31,806,429	\$0	\$0	N/A	CF: Various, see Narrative
Financing Sub-Total	\$1,069,843,662	(\$123,636,735)	\$679,748,508	\$0	\$513,731,889		
Total Projected FY 2016-17 Expenditures⁽²⁾	\$6,843,633,837	\$1,872,457,858	\$793,920,077	\$0	\$4,177,255,902		
<i>Definitions:</i> FMAP: Federal Medical Assistance Percentage DPHE: Department of Public Health and Environment							
(1) This line adjusts for transfers from cash funds to the General Fund as provided by for the special bills listed on page EA-1.							
(2) Of the General Fund total, \$710,835,957 is General Fund Exempt.							
(3) On January 1, 2017 The ACA expansion Federal Match decreases from a 100% Federal Match rate to 95% Federal Match rate.							